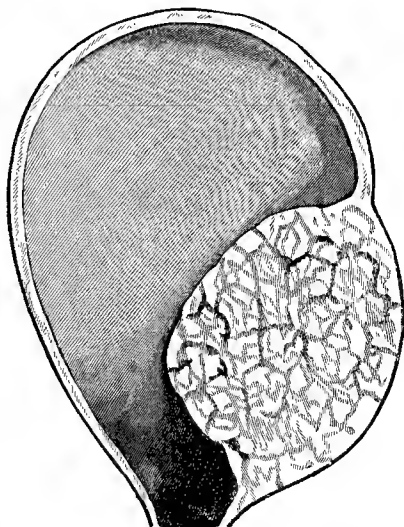


suffered uterine pains for ten days and nights with scarce an intermission save the natural intervals between the pains. Those among us who are familiar with the characters of uterine contractions can well imagine the horrors of these ten days of agony to this poor lady, and can well appreciate the gloom and despair of her medical attendants in beholding them.

Post-mortem examination was held nineteen hours after death. Performed by Dr. Ellerslie Wallace, in presence of Drs. Meigs, Hodge, La Roche, Sr., La Roche, Jr., and Keating. Upon uncovering the abdomen the sulcus in the external portion of the abdominal parietes still quite apparent. On removing parietes of abdomen the uterus presented the sulcus, but higher up than it was externally. There were no signs of parietal or intestinal peritonitis. Uterus $10\frac{1}{2}$ inches long and lying obliquely; above the sulcus measures $7\frac{1}{2}$ inches; at the sulcus 7 inches; two inches below sulcus uterus measured 7 inches. The fœtus had never entered the superior strait, and was in a complete state of decomposition. On removing the uterus it was found that the os uteri was almost cartilaginous in consistency and barely large enough to admit the introduction of two fingers. Upper portions of vagina and lower half of cervix uteri in a state of sphacelus. The tissue of the uterus near the cervix was extremely congested. On opening the uterus the lower globe of uterus was found to be an immense interstitial tumour. (See fig. from a drawing by Professor Meigs) Transverse diameter of the tumour included the whole os uteri; antero-posterior diameter of tumour $5\frac{1}{2}$ inches; vertical diameter $6\frac{1}{2}$ inches. General aspect of tumour ovoidal. Placenta attached to the posterior aspect of the fundus uteri. General surface of the uterus in a complete state of putrescence.

Fig. 1.



Microscopical examination of the tumour by Dr. Da Costa.—I annex the results as embodied in a note to me: "The specimen you sent me for examination was peculiar in several respects, and especially from the fact that the morbid material did not exist by itself, but had become intimately blended with the proper structure of the uterus. Under the microscope I found infiltrated between the smooth muscular fibres of the womb, cells with distinct nuclei, some small, some large, and obscured by granules, but entirely resembling those of cancerous masses. In addition, there were some oil drops and a large number of granules. The muscular fibres were here and there altered in appearance, infiltrated with granules, yet on the whole I was struck with the fact that, whilst so much diseased action had been going on around them, so many of them, by far the largest majority, had remained perfectly unaltered in shape, size, and contents. I have no doubt that the tumour is cancerous; softening had commenced."

The sad result of this case, and the light shed upon it by the post-mortem examination, will undoubtedly suggest to many the propriety, under such circumstances, of resorting to the Cæsarean operation. In answer I would merely recall to your memory the anecdote of Columbus and the egg.

It has undoubtedly created some astonishment in the minds of many here present that this unfortunate lady should have been allowed to die undelivered, especially as the statistics in reference to the Cæsarean section had in latter days been so favourable. It would be an injustice to myself and respected colleagues did I not recall the fact that with the data before us it was absolutely impossible to anticipate or diagnosticate the nature of the obstruction which we had to overcome. I believe that it must be conceded that the most skilful and experienced acumen in diagnosis might be expected to fail on occasions like the present. To justify a resort to the Cæsarean operation there must be present some of the conditions which I have enumerated in another portion of this paper, failing to discover them, and being convinced that the nature of the obstruction was such as to induce us to hope that it might yield from hour to hour, in the doubt and obscurity in which we were groping, we felt bound to act with that conservatism which eschews all hap-hazard treatment, having neither reason nor experience for its basis. "*Melius anceps remedium quam nullum*" may be a justifiable apothegm in the judgment of the charlatan, the ignorant, and reckless, but can never prove a safe guide for the conscientious physician. When it became apparent that a delivery, *per vias naturales*, was impossible, the case had already assumed such an aspect from pyæmic intoxication as to render the Cæsarean section not only useless, but, under such circumstances, cruel. It is a sad satisfaction to us, in reflecting over the results of the post-mortem examination, to find that even in this unprecedented case a strict adherence to the rules and ethics of our art has proved the justice and wisdom upon which they are founded.